

Fill in this information to identify your case and this filing:

Debtor 1 Joseph Walker  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number 19-12097

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1. 6715 Haverford Avenue  
Street address, if available, or other description

Philadelphia PA 19151  
City State ZIP Code

Philadelphia  
County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$108,500.00	\$54,250.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Joint Tenancy with Right of Survivorship

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. \_\_\_\_\_  
Street address, if available, or other description

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$	\$

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

Debtor 1

Joseph

First Name

Middle Name

Walker

Last Name

Document

Page 2 of 55

Case number (if known) 19-12097

1.3. \_\_\_\_\_  
Street address, if available, or other description\_\_\_\_\_  
City State ZIP Code\_\_\_\_\_  
County**What is the property?** Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  
\_\_\_\_\_☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. \_\_\_\_\_ →

\$54,250.00

**Part 2: Describe Your Vehicles**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☒ No☐ Yes

3.1. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:  
\_\_\_\_\_**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

If you own or have more than one, describe here:

3.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:  
\_\_\_\_\_**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Debtor 1

Joseph

First Name

Middle Name

Walker

Last Name

Document

Page 3 of 55

Case number (if known) 19-12097

3.3. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this is community property** (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this is community property** (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories☒ No☐ Yes

4.1. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this is community property** (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this is community property** (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here**\$

Debtor 1

Joseph

First Name

Middle Name

Walker

Last Name

Document

Page 4 of 55

Case number (if known) 19-12097

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe..... **See Attachment 1**

\$1,850.00

**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe..... 3 old Color TVs; One 60 inch, One 40 inch, 30 inch; 3 yr old H.P. 15" Lap Top Computer; 15 yr old Stereo

\$450.00

**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.....

\$

**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.....

\$

**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....

\$

**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe..... Misc. Used Men's clothing and shoes

\$300.00

**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☒ No☐ Yes. Describe.....

\$

**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe..... Small Cat

\$10.00

**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....

\$

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →

\$2,610.00

Debtor 1

Joseph  
First Name

Middle Name

Walker  
Last Name

Document

Page 5 of 55

Case number (if known) 19-12097

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the  
portion you own?**Do not deduct secured claims  
or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes ..... Cash: ..... **\$60.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☒ No☐ Yes ..... Institution name:

17.1. Checking account:	_____	\$ _____
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes ..... Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No

Name of entity:

% of ownership:

<input type="checkbox"/> Yes. Give specific information about them. ....	_____	_____ %	\$ _____
	_____	_____ %	\$ _____
	_____	_____ %	\$ _____

Debtor 1

Joseph

First Name

Middle Name

Walker

Last Name

Document

Page 6 of 55

Case number (if known) 19-12097

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them. ....

Issuer name:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☒ No☐ Yes. List each

account separately.. Type of account: Institution name:

401(k) or similar plan: \_\_\_\_\_ \$ \_\_\_\_\_

Pension plan: \_\_\_\_\_ \$ \_\_\_\_\_

IRA: \_\_\_\_\_ \$ \_\_\_\_\_

Retirement account: \_\_\_\_\_ \$ \_\_\_\_\_

Keogh: \_\_\_\_\_ \$ \_\_\_\_\_

Additional account: \_\_\_\_\_ \$ \_\_\_\_\_

Additional account: \_\_\_\_\_ \$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes.....

Institution name or individual:

Electric: \_\_\_\_\_ \$ \_\_\_\_\_

Gas: \_\_\_\_\_ \$ \_\_\_\_\_

Heating oil: \_\_\_\_\_ \$ \_\_\_\_\_

Security deposit on rental unit: \_\_\_\_\_ \$ \_\_\_\_\_

Prepaid rent: \_\_\_\_\_ \$ \_\_\_\_\_

Telephone: \_\_\_\_\_ \$ \_\_\_\_\_

Water: \_\_\_\_\_ \$ \_\_\_\_\_

Rented furniture: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Debtor 1

Joseph

First Name

Middle Name

Walker

Last Name

Document

Page 7 of 55

Case number (if known) 19-12097

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them. ...

\$ \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...

\$ \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

\$ \_\_\_\_\_

**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**☐ No☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

Federal Tax Refund 2018

Federal: \$1,112.00

State: \$1.00

Local: \$ \_\_\_\_\_

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information. ....

Alimony: \$ \_\_\_\_\_

Maintenance: \$ \_\_\_\_\_

Support: \$ \_\_\_\_\_

Divorce settlement: \$ \_\_\_\_\_

Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

Debtor 1

Joseph

First Name

Middle Name

Walker

Last Name

Document

Page 8 of 55

Case number (if known) 19-12097

**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim. ....

\$ \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim. ....

\$ \_\_\_\_\_

**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

\$1,173.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☐ No. Go to Part 6.☒ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**☒ No☐ Yes. Describe .....

\$ \_\_\_\_\_

**39. Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☒ No☐ Yes. Describe .....

\$ \_\_\_\_\_



Debtor 1

Joseph

First Name

Middle Name

Walker

Last Name

Document

Page 9 of 55

Case number (if known) 19-12097

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☐ No☒ Yes. Describe..... Small hand tools

\$10.00

**41. Inventory**☒ No☐ Yes. Describe.....

\$

**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe..... Name of entity:

% of ownership:

%

\$

%

\$

%

\$

**43. Customer lists, mailing lists, or other compilations**☒ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☒ No☐ Yes. Describe.....

\$

**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific information .....

\$

\$

\$

\$

\$

\$

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** →

\$10.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

☒ No☐ Yes.....

\$

Debtor 1

Joseph

First Name

Middle Name

Walker

Last Name

Document

Page 10 of 55

Case number (if known) 19-12097

## 48. Crops—either growing or harvested

☒ No☐ Yes. Give specific information. ....

\$

## 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No☐ Yes .....

\$

## 50. Farm and fishing supplies, chemicals, and feed

☒ No☐ Yes .....

\$

## 51. Any farm- and commercial fishing-related property you did not already list

☒ No☐ Yes. Give specific information. ....

\$

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here .....



\$0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ No☒ Yes. Give specific information. ....

Right to Receive SS Benefits

\$Unknown

\$

\$

## 54. Add the dollar value of all of your entries from Part 7. Write that number here .....



\$Unknown

**Part 8: List the Totals of Each Part of this Form**

## 55. Part 1: Total real estate, line 2 .....



\$54,250.00

## 56. Part 2: Total vehicles, line 5

\$0.00

## 57. Part 3: Total personal and household items, line 15

\$2,610.00

## 58. Part 4: Total financial assets, line 36

\$1,173.00

## 59. Part 5: Total business-related property, line 45

\$10.00

## 60. Part 6: Total farm- and fishing-related property, line 52

\$0.00

## 61. Part 7: Total other property not listed, line 54

+ \$Unknown

## 62. Total personal property. Add lines 56 through 61. ....

\$3,793.00

Copy personal property total →

+ \$3,793.00

## 63. Total of all property on Schedule A/B. Add line 55 + line 62. ....

\$58,043.00

**Attachment**  
**Debtor: Joseph Walker Case No: 19-12097**

**Attachment 1**

1/2 interest as co-owner; Two Lamps, Two end Tables 1/2 interest; Dining rm set: Table, China Cabinet, Six Chairs -; Small freezer, kitchen table set, Refrigerator; Used King Bed, Large Dresser and Bureau; Dbl. Bed, Medium Dresser; Used Washing Machine and Dryer; Medium Sized Air Conditioners; Misc. Dishes Flatware Linen

**Fill in this information to identify your case:**

Debtor 1 Joseph Walker  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   
First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number 19-12097  
 (If known)

☐ Check if this is an amended filing

**Official Form 106C****Schedule C: The Property You Claim as Exempt****04/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

**For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.**

**Part 1: Identify the Property You Claim as Exempt****1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

**2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description: <u>Two Story, 3 bedroom Brick Row Home</u>	<u>\$54,250.00</u>	<input checked="" type="checkbox"/> \$ <u>13,000.00</u>	<u>11 U.S.C. § 522(d)(1), (5)</u>
Line from Schedule A/B: <u>1.0</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>One Used Sofa, Loveseat, One Coffee Table</u>	<u>\$125.00</u>	<input checked="" type="checkbox"/> \$ <u>125.00</u>	<u>11 U.S.C. § 522(d)(3)</u>
Line from Schedule A/B: <u>6</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>Two Lamps, Two end Tables</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$ <u>100.00</u>	<u>11 U.S.C. § 522(d)(3)</u>
Line from Schedule A/B: <u>6</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

**3. Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1

Joseph Walker

First Name

Middle Name

Last Name

Document

Page 13 of 55

Case number (if known) 19-12097

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: Dining rm set: Table, China Cabinet, Six Chairs Line from Schedule A/B: 6	\$600.00	<input checked="" type="checkbox"/> \$ 600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Small freezer, kt table & 4 chairs, refrigerator Line from Schedule A/B: 6	\$500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: King Bed, Dresser and Bureau Line from Schedule A/B: 6	\$200.00	<input checked="" type="checkbox"/> \$ 200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Dbl Bed, Night Table, Medium Dresser Line from Schedule A/B: 6	\$150.00	<input checked="" type="checkbox"/> \$ 150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Small Cat Line from Schedule A/B: 13	\$10.00	<input checked="" type="checkbox"/> \$ 10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Color TVs; One 60 inch, One 40 inch, 30 inch Line from Schedule A/B: 7	\$250.00	<input checked="" type="checkbox"/> \$ 85.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Used Washing Machine and Dryer Line from Schedule A/B: 6	\$100.00	<input checked="" type="checkbox"/> \$ 25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Medium Air Conditioners Line from Schedule A/B: 6	\$25.00	<input checked="" type="checkbox"/> \$ 15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: 3 yr old H.P. 15" Lap Top Computer Line from Schedule A/B: 7	\$150.00	<input checked="" type="checkbox"/> \$ 50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Used Men's clothing and shoes Line from Schedule A/B: 11	\$300.00	<input checked="" type="checkbox"/> \$ 150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Cash on Hand Line from Schedule A/B: 16	\$60.00	<input checked="" type="checkbox"/> \$ 60.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Federal Tax Refund 2018 Line from Schedule A/B: 28	\$1,112.00	<input checked="" type="checkbox"/> \$ 909.05 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1

Joseph Walker

Document

Page 14 of 55

Case number (if known) 19-12097

First Name

Middle Name

Last Name

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: State Tax Refund Line from Schedule A/B: 28	\$1.00	<input checked="" type="checkbox"/> \$ 1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Small Hand tools Line from Schedule A/B: 40	\$10.00	<input checked="" type="checkbox"/> \$ 10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(6)
Brief description: 15 yr old stereo Line from Schedule A/B: 7	\$50.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Misc. Dishes Flatware Linen Line from Schedule A/B: 6	\$50.00	<input checked="" type="checkbox"/> \$ 50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Right to Receive SS Benefits Line from Schedule A/B: 53	\$Unknown	<input type="checkbox"/> \$ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(C)
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

## Fill in this information to identify your case:

Debtor 1 Joseph Walker  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number 19-12097  
 (If known)

☐ Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	--	---

2.1	M&T Bank Creditor's Name  One Fountain Plaza Number Street  Buffalo NY 14203 City State ZIP Code	Describe the property that secures the claim:  Two Story, 3 bedroom Brick Row Home	\$157,989.30	\$53,250.00	\$104,739.30
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset) _____</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>August 17, 2005</u> Last 4 digits of account number <u>2 3 9 8</u></p>					

2.2	Phila. Dept. of Water Revenue Creditor's Name  1401 John F Kennedy Blvd, Ste 4 Number Street  Philadelphia PA 19102 City State ZIP Code	Describe the property that secures the claim:  Two Story, 3 bedroom Brick Row Home	\$800.00	\$54,250.00	\$0.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input checked="" type="checkbox"/> Other (including a right to offset) <u>Municipal claim</u></p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>2019</u> Last 4 digits of account number <u>5 0 0 1</u></p>					

Add the dollar value of your entries in Column A on this page. Write that number here: \$158,789.30

Debtor 1 Joseph Walker Case number (if known) 19-12097  
 First Name Middle Name Last Name

Part 1: Additional Page		Column A	Column B	Column C	
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any	
2.3	<p><b>Philadelphia Gas Works</b>                      Creditor's Name  <u>800 W Montgomery Ave</u>                      Number Street    <u>Philadelphia</u> <u>PA</u> <u>19122</u>                      City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>2019</u></p>	<p><b>Describe the property that secures the claim:</b>  <u>Two Story, 3 bedroom Brick Row Home</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input checked="" type="checkbox"/> Other (including a right to offset) <u>Municipal Claim</u></p> <p>Last 4 digits of account number <u>2</u> <u>3</u> <u>1</u> <u>8</u></p>	\$200.00	\$53,450.00	\$0.00
2.4	<p>Creditor's Name                      Number Street                        City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p><b>Describe the property that secures the claim:</b>                      _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number _____</p>	\$ _____	\$ _____	\$ _____
2.5	<p>Creditor's Name                      Number Street                        City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p><b>Describe the property that secures the claim:</b>                      _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number _____</p>	\$ _____	\$ _____	\$ _____
Add the dollar value of your entries in Column A on this page. Write that number here:		\$200.00			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$158,989.30			



Debtor 1 Joseph Walker Case number (if known) 19-12097  
 First Name Middle Name Last Name

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ David Fein, Esq  
 Name  
KML Law Group  
 Number Street  
701 Market Street, Ste 5000  
Philadelphia PA 19106  
 City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.1  
 Last 4 digits of account number 2 3 9 8

☐ Stacey A. Scrivani, Esq.  
 Name  
Stevens & Lee  
 Number Street  
919 N. Market St., Ste.1300  
Wilmington DE 19801  
 City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.1  
 Last 4 digits of account number 2 3 9 8

☐  
 Name  
 Number Street  
 City State ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

☐  
 Name  
 Number Street  
 City State ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

☐  
 Name  
 Number Street  
 City State ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

☐  
 Name  
 Number Street  
 City State ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

## Fill in this information to identify your case:

Debtor 1 Joseph Walker  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number 19-12097  
(If known)

☐ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1			
Priority Creditor's Name _____	Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____		
Number _____ Street _____	When was the debt incurred? _____		
City _____ State _____ ZIP Code _____	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim:		
Is the claim subject to offset?	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> No <input type="checkbox"/> Yes			

2.2			
Priority Creditor's Name _____	Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____		
Number _____ Street _____	When was the debt incurred? _____		
City _____ State _____ ZIP Code _____	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim:		
Is the claim subject to offset?	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Joseph

Middle Name

Last Name

Walker

Case number (if known) 19-12097

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<p><b>LVNV Funding, LLC</b> Nonpriority Creditor's Name</p> <p><b>Bankruptcy Dept. P.O. Box 10497</b> Number Street</p> <p><b>Greenville SC 26903</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1 6 0 2</u></p> <p>When was the debt incurred? <u>N/A</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>None</u></p> <p>\$416.17</p>
4.2	<p><b>Metabank/Fingerhut</b> Nonpriority Creditor's Name</p> <p><b>6250 Ridgewood Rd</b> Number Street</p> <p><b>Saint Cloud MN 56303</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0 2 3 6</u></p> <p>When was the debt incurred? <u>11/17/2016</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Charges</u></p> <p>\$408.00</p>
4.3	<p><b>PECO Energy Company</b> Nonpriority Creditor's Name</p> <p><b>2301 Market St</b> Number Street</p> <p><b>Philadelphia PA 19103</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1 0 1 2</u></p> <p>When was the debt incurred? <u>2019</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Electric Service to Debtor's Home</u></p> <p>\$600.00</p>

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

David Lamb  
Name

Resurgent Capital Services  
Number Street

P.O. Box 10587

Greenville, South Carolina 29603-0587  
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 6 0 2

Resurgent Capital Services  
Name

P.O. Box 10587  
Number Street

Greenville, South Carolina 29603-0587  
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 6 0 2

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$
	6b. Taxes and certain other debts you owe the government	6b. \$
	6c. Claims for death or personal injury while you were intoxicated	6c. \$
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$
	6e. Total. Add lines 6a through 6d.	6e. \$
Total claims from Part 2		Total claim
	6f. Student loans	6f. \$0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$1,424.17
	6j. Total. Add lines 6f through 6i.	6j. \$1,424.17

Fill in this information to identify your case:

Debtor Joseph Walker  
First Name Middle Name Last Name

Debtor 2  
(Spouse if filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number 19-12097  
(If known)

☐ Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.2	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.3	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.4	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.5	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	

Fill in this information to identify your case:

Debtor 1 **Joseph Walker**  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Eastern District of Pennsylvania**

Case number **19-12097**  
(If known)

☐ Check if this is an amended filing

Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? \_\_\_\_\_. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

**Tina Sloan**

Name

**6715 Haverford Ave.**

Number Street

**Philadelphia**

**Pennsylvania**

**19151**

City

State

ZIP Code

☒ Schedule D, line **2.2, 2.1, 2.3**

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.2

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.3

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 **Joseph Walker**  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Eastern District of Pennsylvania**

Case number **19-12097**  
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

# **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## **Part 1: Describe Employment**

### **1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

#### **Employment status**

- ☒ Employed  
☐ Not employed

- ☐ Employed  
☐ Not employed

#### **Occupation**

**Car technician**

#### **Employer's name**

**Jiffy Lube**

#### **Employer's address**

**5010 City Ave**  
Number Street

Number Street

**Philadelphia, PA 19131**

City State ZIP Code

City State ZIP Code

**How long employed there?** **One year**

## **Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

**2. List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

**For Debtor 1**

**For Debtor 2 or non-filing spouse**

2. **\$1,649.31**

**\$0.00**

**3. Estimate and list monthly overtime pay.**

3. **+\$9.04**

**+\$0.00**

**4. Calculate gross income.** Add line 2 + line 3.

4. **\$1,658.35**

**\$0.00**



Debtor 1

**Joseph Walker**

First Name

Middle Name

Last Name

Case number (if known) **19-12097**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ..... ➔ 4.	\$1,658.35	\$0.00
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$159.16	\$0.00
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$0.99	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. + \$0.00	+ \$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$160.15	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$1,498.20	\$0.00
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ _____	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: <b>See Attachment 1</b>	8h. + \$700.00	+ \$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$700.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$2,198.20	\$0.00
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$2,198.20	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <b>See Attachment 2</b>		

**Attachment**  
**Debtor: Joseph Walker Case No: 19-12097**

**Attachment 1**

Contribution from Tina Sloan, mother of debtor's daughter with whom debtor lives

**Attachment 2**

Debtor expects to receive a raise in the next within the few months of about \$1.50 an hour which will increase his income by more than 10%. He expects another similar raise abut 6 months after that.

**Fill in this information to identify your case:**

Debtor 1 **Joseph Walker**  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Eastern District of Pennsylvania**

Case number **19-12097**  
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

**1. Is this a joint case?**

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Forms 106J-2, *Expenses for Separate Household of Debtor 2*.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

15

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☐ No
- ☒ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 106I.)

**4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

**If not included in line 4:**

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

**Your expenses**

4. **\$0.00**

4a. **\$84.80**

4b. **\$100.00**

4c. **\$20.00**

4d. **\$0.00**

Debtor 1

**Joseph Walker**

First Name

Middle Name

Last Name

Case number (if known) **19-12097**

		Your expenses
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	<b>\$0.00</b>
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	<b>\$150.00</b>
6b.	Water, sewer, garbage collection	<b>\$80.00</b>
6c.	Telephone, cell phone, Internet, satellite, and cable services	<b>\$100.00</b>
6d.	Other. Specify: _____	<b>\$0.00</b>
7.	<b>Food and housekeeping supplies</b>	<b>\$425.00</b>
8.	<b>Childcare and children's education costs</b>	<b>\$0.00</b>
9.	<b>Clothing, laundry, and dry cleaning</b>	<b>\$50.00</b>
10.	<b>Personal care products and services</b>	<b>\$75.00</b>
11.	<b>Medical and dental expenses</b>	<b>\$13.00</b>
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	<b>\$125.00</b>
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	<b>\$30.00</b>
14.	<b>Charitable contributions and religious donations</b>	<b>\$0.00</b>
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	<b>\$0.00</b>
15b.	Health insurance	<b>\$0.00</b>
15c.	Vehicle insurance	<b>\$0.00</b>
15d.	Other insurance. Specify: _____	<b>\$0.00</b>
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	<b>\$0.00</b>
17.	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	<b>\$0.00</b>
17b.	Car payments for Vehicle 2	<b>\$0.00</b>
17c.	Other. Specify: <b>Adequate Protection Payment to M&amp;T Bank</b>	<b>\$686.21</b>
17d.	Other. Specify: <b>Add paymnt to M&amp;T upon confirmation</b>	<b>\$214.00</b>
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	<b>\$0.00</b>
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	<b>\$0.00</b>
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a.	Mortgages on other property	<b>\$0.00</b>
20b.	Real estate taxes	<b>\$0.00</b>
20c.	Property, homeowner's, or renter's insurance	<b>\$0.00</b>
20d.	Maintenance, repair, and upkeep expenses	<b>\$0.00</b>
20e.	Homeowner's association or condominium dues	<b>\$0.00</b>

Debtor 1

**Joseph Walker**

First Name

Middle Name

Last Name

Case number (if known) **19-12097**

21. **Other.** Specify: **See Attachment 1**

21. **+\$30.00**

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

**\$2,183.01**

\$

22. **\$2,183.01**

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$2,198.20**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$2,183.01**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$15.19**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

**Attachment**  
**Debtor: Joseph Walker Case No: 19-12097**

**Attachment 1**

Description: Cat Food and Kitty Litter

Amount: 20.00

Description: Daughter's School Uniforms

Amount: 10.00

**Attachment 2: Additional Notes**

Debtor lives with his daughter and the mother of his daughter. They share expenses and a contribution from his daughter's mother, including her food stamp income, is included as part of the household income.

**Fill in this information to identify your case:**

Debtor 1 Joseph Walker  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   
First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number 19-12097  
(If known)

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

##### Your assets

Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from *Schedule A/B*..... \$ 54,250.00

1b. Copy line 62, Total personal property, from *Schedule A/B*..... \$ 3,793.00

1c. Copy line 63, Total of all property on *Schedule A/B*..... \$ 58,043.00

#### Part 2: Summarize Your Liabilities

##### Your liabilities

Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D*..... \$ 158,989.30

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*..... \$ 0.00

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*..... + \$ 1,424.17

**Your total liabilities**

\$ 160,413.47

#### Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of *Schedule I*..... \$ 2,198.20

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of *Schedule J*..... \$ 2,183.01

Debtor 1

Joseph

First Name

Middle Name

Walker

Last Name

Case number (if known) 19-12097

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 2,158.35

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.****Total claim****From Part 4 on *Schedule E/F*, copy the following:**

- |  |          |
|--|----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$0.00   |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$0.00   |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$0.00   |
| 9d. Student loans. (Copy line 6f.)   | \$0.00   |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00   |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | + \$0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$0.00   |



Fill in this information to identify your case:

Debtor 1 Joseph Walker  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number 19-12097  
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/Joseph Walker

Signature of Debtor 1

**X** \_\_\_\_\_

Signature of Debtor 2

Date 05/01/2019  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Joseph Walker  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number 19-12097  
(If known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married  
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number Street	From To	Number Street	From To
City State ZIP Code		City State ZIP Code	
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number Street	From To	Number Street	From To
City State ZIP Code		City State ZIP Code	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1

Joseph Walker

First Name

Middle Name

Last Name

Case number (if known) 19-12097

**Part 2: Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$4,644.50	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$
<b>For last calendar year:</b> (January 1 to December 31, <u>2018</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$8,248.60	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2017</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$

**5. Did you receive any other income during this year or the two previous calendar years?**Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<u>See Attachment 1</u>	\$820.00		\$
	<u>See Attachment 2</u>	\$1,480.00		\$
	<u>See Attachment 3</u>	\$2,880.00		\$
<b>For last calendar year:</b> (January 1 to December 31, <u>2018</u> ) YYYY	<u>See Attachment 4</u>	\$2,640.00		\$
	<u>See Attachment 5</u>	\$4,284.00		\$
	<u>See Attachment 6</u>	\$8,208.00		\$
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2017</u> ) YYYY	<u>See Attachment 7</u>			
	<u>See Attachment 8</u>	\$2,640.00		\$
	<u>See Attachment 9</u>	\$4,284.00		\$
	<u>See Attachment 10</u>	\$8,088.00		\$
	<u>See Attachment 11</u>			

Debtor 1

Joseph Walker

First Name

Middle Name

Last Name

Case number (if known) 19-12097

**Part 3:** List Certain Payments You Made Before You Filed for Bankruptcy

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other

Debtor 1

Joseph Walker

First Name

Middle Name

Last Name

Case number (if known) 19-12097

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name _____  Number _____ Street _____  _____  City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____  Number _____ Street _____  _____  City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____  Number _____ Street _____  _____  City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____  Number _____ Street _____  _____  City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

Debtor 1

Joseph Walker

First Name

Middle Name

Last Name

Case number (if known) 19-12097

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title <u>M&amp;T BANK v. Sloan et al</u>	Mortgage Foreclosure	<u>Court of Common Pleas</u> Court Name	<input checked="" type="checkbox"/> Pending
		<u>Room 284 City Hall</u> Number Street	<input type="checkbox"/> On appeal
Case number <u>160402799</u>		<u>Philadelphia PA 19107</u> City State ZIP Code	<input type="checkbox"/> Concluded
Case title _____		_____ Court Name	<input type="checkbox"/> Pending
		_____ Number Street	<input type="checkbox"/> On appeal
Case number _____		_____ City State ZIP Code	<input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

☒ No. Go to line 11.

☐ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Creditor's Name _____		_____	\$ _____
Number Street _____		<b>Explain what happened</b> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	
City State ZIP Code _____			
Creditor's Name _____		_____	\$ _____
Number Street _____		<b>Explain what happened</b> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	
City State ZIP Code _____			

First Name

Middle Name

Last Name

Case number (if known).

19-12097

☒ No

Date action was taken

Creditor's Name

Number	Street
--------	--------

City	State	ZIP Code
------	-------	----------

☒ No☐ No

**Gifts with a total value of more than \$600 per person**

**Dates you gave  
the gifts**

---

Person to Whom You Gave the Gift

City	State	ZIP Code
------	-------	----------

Person's relationship to you

**Gifts with a total value of more than \$600 per person**

**Dates you gave  
the gifts**

---

Person to Whom You Gave the Gift

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Person's relationship to you

Debtor 1

Joseph Walker

First Name

Middle Name

Last Name

Case number (if known) 19-12097

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$
			\$
City State ZIP Code			

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
			\$

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☒ No

☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		
Number Street		\$
		\$
City State ZIP Code		
Email or website address		
Person Who Made the Payment, if Not You		



Debtor 1

Joseph Walker

First Name

Middle Name

Last Name

Case number (if known) 19-12097

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<p>Person Who Was Paid</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Email or website address</p> <p>Person Who Made the Payment, if Not You</p>		\$
		\$

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No
- ☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<p>Person Who Was Paid</p> <p>Number Street</p> <p>City State ZIP Code</p>		\$
		\$

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
- ☐ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
<p>Person Who Received Transfer</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Person's relationship to you</p>		
<p>Person Who Received Transfer</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Person's relationship to you</p>		

Debtor 1

Joseph Walker

First Name

Middle Name

Last Name

Case number (if known) 19-12097

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No

☐ Yes. Fill in the details.

Name of trust \_\_\_\_\_

\_\_\_\_\_

Description and value of the property transferred

Date transfer was made

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No

☐ Yes. Fill in the details.

Name of Financial Institution

Number Street

City State ZIP Code

Last 4 digits of account number

XXXX-\_\_ \_\_ \_\_ \_\_

Type of account or instrument

☐ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other \_\_\_\_\_

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

\$ \_\_\_\_\_

Name of Financial Institution

Number Street

City State ZIP Code

XXXX-\_\_ \_\_ \_\_ \_\_

☐ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other \_\_\_\_\_

\$ \_\_\_\_\_

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Name of Financial Institution

Number Street

City State ZIP Code

Who else had access to it?

Name

Number Street

City State ZIP Code

Describe the contents

Do you still have it?

☒ No

☐ Yes

Debtor 1

Joseph Walker

First Name

Middle Name

Last Name

Case number (if known) 19-12097

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility	Name		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		
City State ZIP Code	City State ZIP Code		

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name		\$
Number Street		
City State ZIP Code		
City State ZIP Code		

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site		
Number Street		
City State ZIP Code		
City State ZIP Code		

Debtor 1

Joseph Walker

First Name

Middle Name

Last Name

Case number (if known) 19-12097

25. Have you notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Court Name		
Number Street		
Case number		
City State ZIP Code		

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		EIN: _ _ - _ _ _ _ _
	Name of accountant or bookkeeper	Dates business existed
Number Street		From _ _ _ _ To _ _ _ _
City State ZIP Code		
Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		EIN: _ _ - _ _ _ _ _
	Name of accountant or bookkeeper	Dates business existed
Number Street		From _ _ _ _ To _ _ _ _
City State ZIP Code		

Debtor 1

Joseph Walker

First Name

Middle Name

Last Name

Case number (if known) 19-12097

Business Name

Number Street

City

State

ZIP Code

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

EIN: \_\_\_\_\_ - \_\_\_\_\_

Dates business existed

From \_\_\_\_\_ To \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City

State

ZIP Code

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/Joseph Walker

Signature of Debtor 1



Signature of Debtor 2

Date 05/01/2019

Date

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**Attachment**  
**Debtor: Joseph Walker Case No: 19-12097**

**Attachment 1**

Co-Owner's Public Assistance

**Attachment 2**

Co-Owner's Public Assistance

**Attachment 3**

Co-Owner's Social Security Disability

**Attachment 4**

Co-Owner's Public Assistance

**Attachment 5**

Co-Owner's Food Stamps

**Attachment 6**

Co-Owner's Social Security Disability

**Attachment 7**

Source of Income: Social Security Disability

Gross Income from Source: \$2,256.00

**Attachment 8**

Co-Owner's Public Assistance

**Attachment 9**

Co-Owner's Food Stamps

**Attachment 10**

Co-Owner's Social Security Disability

**Attachment 11**

Source of Income: Social Security Disability

Gross Income from Source: \$8,904.00

**Fill in this information to identify your case:**

Debtor 1 **Joseph Walker**  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF PENNSYLVANIA**

Case number **19-12097**  
 (If known)

**Check as directed in lines 17 and 21:**

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

## Official Form 122C-1

## Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

**Part 1: Calculate Your Average Monthly Income**

1. What is your marital and filing status? Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married.** Fill out both Columns A and B, lines 2-11.

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse								
2. <b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	\$ 1,658.35	\$								
3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse.	\$ 0.00	\$								
4. <b>All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ 0.00	\$								
5. <b>Net income from operating a business, profession, or farm</b>	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>– \$ – \$</td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td>\$ 0.00 \$</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$	Ordinary and necessary operating expenses	– \$ – \$	Net monthly income from a business, profession, or farm	\$ 0.00 \$	Copy here → \$ 0.00 \$
Debtor 1	Debtor 2									
Gross receipts (before all deductions)	\$									
Ordinary and necessary operating expenses	– \$ – \$									
Net monthly income from a business, profession, or farm	\$ 0.00 \$									
6. <b>Net income from rental and other real property</b>	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>– \$ – \$</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$ 0.00 \$</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$	Ordinary and necessary operating expenses	– \$ – \$	Net monthly income from rental or other real property	\$ 0.00 \$	Copy here → \$ 0.00 \$
Debtor 1	Debtor 2									
Gross receipts (before all deductions)	\$									
Ordinary and necessary operating expenses	– \$ – \$									
Net monthly income from rental or other real property	\$ 0.00 \$									

Debtor 1

Joseph Walker

First Name

Middle Name

Last Name

Document

Page 48 of 55

Case number (if known) 19-12097

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. <b>Interest, dividends, and royalties</b>	\$ 0.00	\$
8. <b>Unemployment compensation</b>	\$ 0.00	\$
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: $\downarrow$		
For you.....	\$	
For your spouse.....	\$	
9. <b>Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$
10. <b>Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.		
See Attachment Line 10a	\$ 500.00	\$
	\$	\$
Total amounts from separate pages, if any.	+ \$ 0.00	+ \$
11. <b>Calculate your total average monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 2,158.35	+ \$ = \$ 2,158.35
		Total average monthly income

**Part 2: Determine How to Measure Your Deductions from Income**

12. **Copy your total average monthly income from line 11.** ..... \$ 2,158.35

13. **Calculate the marital adjustment.** Check one:

☒ You are not married. Fill in 0 below.

☐ You are married and your spouse is filing with you. Fill in 0 below.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

	\$
	\$
	+ \$
Total.....	\$ 0.00

Copy here  $\rightarrow$  — 0.00

14. **Your current monthly income.** Subtract the total in line 13 from line 12. \$ 2,158.35

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here  $\rightarrow$  ..... \$ 2,158.35

Multiply line 15a by 12 (the number of months in a year).

15b. The result is your current monthly income for the year for this part of the form. ..... \$ 25,900.20



Debtor 1

Joseph Walker

First Name

Middle Name

Last Name

Case number (if known) 19-12097

## 16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. PA16b. Fill in the number of people in your household. 316c. Fill in the median family income for your state and size of household..... \$ 82,518.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

## 17. How do the lines compare?

17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Disposable Income* (Official Form 122C-2).17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2).**

On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)**18. Copy your total average monthly income from line 11. .... \$ 2,158.35

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. — \$ 0.0019b. Subtract line 19a from line 18. \$ 2,158.35

## 20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. .... \$ 2,158.35

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form. \$ 25,900.2020c. Copy the median family income for your state and size of household from line 16c. .... \$ 82,518.00

## 21. How do the lines compare?

☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/Joseph Walker

Signature of Debtor 1

X

Signature of Debtor 2

Date 05/01/2019

MM / DD / YYYY

Date \_\_\_\_\_

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

**Attachment**  
**Debtor: Joseph Walker Case No: 19-12097**

**Attachment Line 10a**

Contribution from Tina Sloan, mother of debtor's daughter with whom debtor lives

United States Bankruptcy Court  
EASTERN DISTRICT OF PENNSYLVANIA

In re **Joseph Walker**

Case No. **19-12097**

Debtor

Chapter **13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... **\$0.00**

Prior to the filing of this statement I have received ..... **\$0.00**

Balance Due ..... **\$0.00**

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify) **Philadelphia Legal Assistance**

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify) **Philadelphia Legal Assistance**

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/01/2019

*Date*

/s/ Irwin Trauss

*Signature of Attorney*

**Philadelphia Legal Assistance**

*Name of law firm*

David Fein, Esq  
KML Law Group  
701 Market Street, Ste 5000  
Philadelphia, PA 19106

David Lamb  
Resurgent Capital Services  
P.O. Box 10587  
Greenville, SC 29603-0587

LVNV Funding, LLC  
ACCT 1602  
Bankruptcy Dept.  
P.O. Box 10497  
Greenville, SC 26903

M&T Bank  
ACCT 2398  
One Fountain Plaza  
Buffalo, NY 14203

Metabank/Fingerhut  
ACCT 0236  
6250 Ridgewood Rd  
Saint Cloud, MN 56303

PECO Energy Company  
2301 Market Street  
Philadelphia, PA 19103

PECO Energy Company  
ACCT 1012  
2301 Market St  
Philadelphia, PA 19103

Phila. Dept. of Water Revenue  
ACCT 5001  
1401 John F Kennedy Blvd, Ste 4  
Philadelphia, PA 19102

Philadelphia Gas Works  
ACCT 2318  
800 W Montgomery Ave  
Philadelphia, PA 19122



Resurgent Capital Services  
P.O. Box 10587  
Greenville, SC 29603-0587

Stacey A. Scrivani, Esq.  
Stevens & Lee  
919 N. Market St., Ste.1300  
Wilmington, DE 19801